

00862.001896.1

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: C. Rapp
NOBUAKI OGUSHI, ET AL.)
: Group Art Unit: 2125
Application No.: 09/988,573)
:
Filed: November 20, 2001)
:
For: REMOTE MAINTENANCE)
SYSTEM : May 20, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to examination on the merits, please amend the above-identified
application as follows:

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

May 20, 2004
(Date of Deposit)

05/25/2004 DEMMANU1 00000074 09988573

02 FC:1201 344.00 OP
03 FC:1202 360.00 OP

Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)


Signature Date of Signature
May 20, 2004

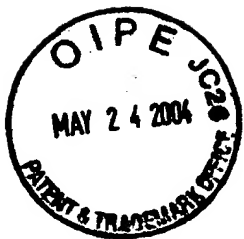
In re Application of:

NOBUAKI OGUSHI, ET AL.

Application No.: 09/988,573

Filed: November 20, 2001

For: REMOTE MAINTENANCE SYSTEM



Docket No.

00862.001896.1

Examiner: C. Rapp

Group Art Unit: 2125

Date: May 20, 2004

THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 64	MINUS	** 44	= 20	x \$9 \$18	\$360.00
INDEP. CLAIMS	* 8	MINUS	*** 4	= 4	x \$43 \$86	\$344.00
Fee for Multiple Dependent claims \$145°/\$290						\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$704.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 704.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

Registration No. 32622

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200
Form #120

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